

FREIGHT WORK-UP FAX or EMAIL SHEET

FOR ALL PURCHASES WHICH THE STATE IS RESPONSIBLE FOR FREIGHT CHARGES, COMPLETE THE FOLLOWING AND FAX IT TO TRANSPORTATION MANAGEMENT AT (916) 327-2076 OR EMAIL IT TO transportationmanagement@dgs.ca.gov.

Purchase Estimate Number: _____ Date: _____

Person Requesting Freight Workup: _____

State Department: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Supplier's Name: _____ Telephone Number: _____

Point of Origin: _____ Zip Code: _____
(City & State)

Point of Destination: _____ Zip Code: _____
(City & State)

<u>DESCRIPTION OF ITEMS ORDERED</u>	<u>WEIGHT</u>	<u>FREIGHT CLASS OR * NMFC</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

* National Motor Freight Classification- up to 7 digits (obtain from Supplier)

Supplier's Firm Freight Quote \$ _____

Type of Shipping Needed:

_____ UPS _____ General Freight _____ Flatbed _____ Temp. Control _____ Multiple Shipments
_____ Truckload _____ Air Ride _____ Air Freight _____ Expedite Shipment
_____ Padded Van _____ Other _____

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The following is Transportation Management's recommendation for the above shipment:

_____ Ship via United Parcel Service (Surface) (UPS). Estimated Freight \$ _____. Note on Purchase Order: **F.O.B. DESTINATION, PREPAY AND ADD FREIGHT TO INVOICE. SUPPLIER ROUTE VIA UNITED PARCEL SERVICE (SURFACE).**

_____ Ship via Supplier's Firm Freight Quote.
Note on Purchase Order: **F.O.B. DESTINATION, PREPAY AND ADD FREIGHT TO INVOICE. FREIGHT NOT TO EXCEED \$ _____ PER SUPPLIER QUOTE.**

_____ Note on Purchase Order: **SHIPPING INSTRUCTIONS:**

Supplier route via _____

Carrier's telephone number _____

Annotate Bill of Lading as follows:

**"Freight for the State of California, Tender Number _____
applies. State of California Purchase Order Number _____
SHIP" FREIGHT COLLECT."**

Estimated Freight _____.

If supplier is unable to use this carrier, call Transportation Management at (916) 322-1737.

_____ Other: _____

COMPLETED BY TM STAFF MEMBER: _____

TELEPHONE NUMBER: _____